

Patricia Booker

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596824

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3		2				
4		2				
5		2				
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1		1			
16						
17						
18						
19	1		1			
20	1		1			
21						
22		1				
23		2				
24		2				
25		2				
26	1		1			
27						
28		1				
29		2				
30		2				
31		2				
32		2	1			
33	1					
34		1				
35		2				
36		2				
37						
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45						
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47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	58		44			
TOTAL CLAIMS	64		50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
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64	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						